



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

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1-800-688-6696 or 919-851-8888

## **Change in Prescription Limitations**

Effective June 1, 2006, the monthly prescription limitation will change from six (6 ) prescriptions per recipient per month to eight (8) prescriptions per recipient per month. Pharmacists will be able to override the monthly prescription limit with three additional prescriptions per recipient per month. Overrides will be available at the discretion of the pharmacist and in consultation with the recipient's physician based on the assessment of the recipient's need for additional medications during the month of service.

Some recipients have clinical indications that warrant more prescriptions than are allowed under the monthly prescription limitations and will be exempt from the monthly limitations. DMA will require that recipients receiving more than 11 prescriptions per month be evaluated as part of a medication therapy management program. Recipients identified for the medication therapy management program who require more than 11 prescriptions each month will be restricted to a single pharmacy. Pharmacies participating in this program will be eligible for a monthly medication therapy management fee for each Medicaid recipient being managed. The recipient's physician and pharmacist will be reviewing the recipient's medication profile to ensure clinically appropriate and cost effective use of drug therapy.

Emergency fills will be allowed for recipients who are locked into a pharmacy for situations where the recipient may not be able to get to their pharmacy. The emergency supply is limited to a 4-day supply. The provider will be paid for the drug cost only, and the recipient will be responsible for the appropriate co-payment. A '3' in the Level of Service field (418-DI) will indicate that the transaction is an emergency fill.

For more detail information, please refer to the May 2006 Special Bulletin, *Outpatient Pharmacy Program* from DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.

## **Family Planning "Be Smart" May 2006 Special Bulletin**

Effective May 1, 2006, the Family Planning Waiver "Be Smart" Special Bulletin has been updated. This special bulletin supersedes previously published policies and procedures. For your convenience, shading will indicate new information. Providers may access the May 2006 Special Bulletin, *Medicaid Family Planning Waiver Program* from DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>. Providers should contact EDS with any billing questions.

## **NCPDP 1.1**

Effective August 1, 2006, the NC Medicaid Program will no longer support the NCPDP, Version 1.1 Batch transmission.

## Access to Over-the-Counter Medications Covered by NC Medicaid

Pharmacy providers who do not have access to over-the-counter (OTC) medications covered by the NC Medicaid program may request that a specific OTC medication be placed on the list. NC Medicaid will only consider requests for OTC medications for which the manufacturer has a rebate agreement with the Centers for Medicare and Medicaid Services (CMS). Please contact Sharon Greeson with EDS at [Sharon.Greeson@eds.com](mailto:Sharon.Greeson@eds.com) to make your requests. Please indicate the current AWP and package size of the product being requested. Refer to General Clinical Coverage Policy #A2 on DMA's web site at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm> for a copy of the complete list of covered OTC products.

## Additional Nicotine Products Now on OTC Coverage List

The following Nicotine OTC Products are available for reimbursement by NC Medicaid in conjunction with a prescription order by the physician:

OTC Medication Name and Strength	NDC	MFG	Effective Date of Coverage
Nicoderm CQ 21 mg Step 1 (14)	00766-1420-20	GSK	5/12/2006
Nicotine Transdermal Patch Step 1 21mg (14)	00067-0215-14	NOVART	5/12/2006
Nicotine Transdermal Patch Step 2 14 mg (14)	00067-0213-14	NOVART	5/12/2006
Nicorette Gum Start Kit 4 mg (110 Bonus)	00135-0158-07	GSK	5/12/2006
Nicorette Mint Start Kit 2 mg (110 Bonus)	00135-0170-07	GSK	5/12/2006
Nicorette Mint Start Kit 4 mg (110 Bonus)	00135-0171-02	GSK	5/12/2006
Nicotine Gum 2 mg Mint Rugby (20)	00536-1362-34	RUGBY	5/12/2006
Nicotine e Gum 2 mg Mint Rugby (20)	00536-3106-34	RUGBY	5/12/2006
Nicotine Gum 4 mg Mint Rugby (20)	00536-1372-34	RUGBY	5/12/2006
Nicotine Gum 4 mg Regular Rugby (20)	00536-3107-34	RUGBY	5/12/2006
Nicotine Gum Refill Kit 2 mg Mint Rugby (50)	00536-1362-06	RUGBY	5/12/2006
Nicotine Gum Refill Kit 4 mg Mint Rugby (50)	00536-1372-06	RUGBY	5/12/2006
Nicotine Gum Refill Kit 4 mg Rugby (50)	00536-3107-06	RUGBY	5/12/2006
Nicotine Gum Starter Kit 2 mg Rugby (110)	00536-3106-23	RUGBY	5/12/2006
Nicotine Gum Starter Kit 2 mg Mint Rugby (110)	00536-1362-23	RUGBY	5/12/2006
Nicotine Gum Starter Kit 4 mg Mint Rugby (110)	00536-1372-23	RUGBY	5/12/2006
Nicotine Gum Starter Kit 4 mg Rugby (110)	00536-3107-23	RUGBY	5/12/2006

## Medicare Part D Coverage of Supplies for Delivery of Insulin

Effective January 1, 2006, Medicaid no longer covers prescriptions for recipients who are covered by both Medicaid and Medicare (dually eligible) with a few exceptions. Dually eligible recipients now receive their drug coverage from a Medicare approved Prescription Drug Plan (PDP). In addition to prescriptions, Part D also covers certain medical supplies associated with the injection of insulin (syringes, needles, alcohol swabs, and gauze). Therefore, the NC Medicaid program must not be billed for these supplies for recipients who are eligible for both Medicare and Medicaid services. Providers must bill the recipient's PDP for these supplies. If you have any questions, please call 1-800-Medicare (1-800-633-4227).

## Proposed Clinical Coverage Policies

In accordance with Session Law 2005-276, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's website at <http://www.dhhs.state.nc.us/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the website. Providers without Internet access can submit written comments to the address listed below:

Gina Rutherford  
Division of Medical Assistance  
Clinical Policy Section  
2501 Mail Service Center  
Raleigh, NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

## Changes in Drug Rebate Manufacturers

### Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
11528	Centrix Pharmaceutical, Inc	04/27/2006
62756	Sun Pharmaceuticals Industries, LTD	04/26/2006

### Checkwrite Schedule

May 02, 2006	June 06, 2006	July 07, 2006
May 09, 2006	June 13, 2006	July 11, 2006
May 16, 2006	June 22, 2006	July 18, 2006
May 25, 2006		July 27, 2006

### Electronic Cut-Off Schedule

May 02, 2006	June 02, 2006	July 07, 2006
May 12, 2006	June 09, 2006	July 14, 2006
May 19, 2006	June 16, 2006	July 21, 2006
	June 30, 2006	

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.*

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Senior Deputy Director and Chief Operating Officer  
Division of Medical Assistance  
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Cheryll Collier  
Executive Director  
EDS